This Form for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

	(Cr	TICOTY	TYOTA	DATE: I.)		
APPLICATION	Y NUMBER	: 09	5126	20		
		Total Fee	Calculati	ם0		
	Fee Code	Total . # Claims	Number Extra	Fee	Fec =	Total
•n	Sm/Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				690.	69
Total Claims >20	203/103	-20=	X			
independent Claims >3	202/102	-3 =	x		to	
Mult. Dep Claim Present	<u> </u>					

TOTAL FEE CALCULATION 875

Fees due upon filing the application:

Surtherge

English Translation

Total Filing Fees Due =	. 2	820.00
Less Filing Fees Submitted	- 5 _	
BALANCE DUE	= 5 _	820.00

205/105

139

Office of Inital Patent Exemination

FORM OPE-RAM-01 (Rev. 12/97)

BEST AVAILABLE COPY 🔨

					Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECORD												
Effective December 29, 1999								09/5/262			<u>ට</u>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY				
FOR NUMBER FILED NUM			NUMBER	EXTRA	RAT	E	FEE	1	RATE	FEE		
BASIC FEE							345.00	OR		690.00		
TOTAL CLAIMS / / minus 20= *			20= *	* X\$				OR	X\$18=			
INDEPENDENT CLAIMS 2 minus 3 = *					X39	=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT						.400	\uparrow		1	000	··· , · · · · · · · · · · · · · · · · ·	
* If	the difference	in column 1 i	s less than ze	ero, enter "0" in	column 2	+130			OR	+260=	1.00	
15 (SA)	Mark County County					TOTA	AL L		OR	TOTAL	690	
	C	(Column 1	AMENDED	(Column 2)	(Column 3)	SMA	LL EN	NTITY	OR	OTHER THAN OR SMALL ENTITY		
		CLAIMS		HIGHEST				ADDI-	1		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT		IONAL FEE		RATE	TIONAL FEE	
NDN	Total	*	Minus	**	=	X\$ 9	=		OR	X\$18=		
ME	Independent	*	Minus	***	=	X39:	=		OR	X78=		
6	FIRST PRESE	NTATION OF I	MULTIPLE DEI	PENDENT CLAIM	· ·				1	+260=		
					•	+130			OR	+26U=	7	
						ADDIT. F			OR	ADDIT. FEE		
		(Column 1)	Hara Literation	(Column 2)	(Column 3)							
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	E T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDM	Total	*	Minus	**	=	X\$ 9	=		OR	X\$18=	-	
ME	Independent	*	Minus	***	=	X39=				X78=		
٧	FIRST PRESE	NTATION OF I	MULTIPLE DEI	PENDENT CLAIM			-		OR	·		
						+130			OR	+260=		
						TO ADDIT. F			OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	≣ Τ1	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9			OR	X\$18=		
	Independent	*	Minus	***	=	X39=				X78=		
lacksquare	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAIM		1	-		OR	A10=		
	16 Abrahaman tura A	4 in l #	- Al A - 3 10		-l 0	+130			OR	+260≃		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2". ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2".							OR	TOTAL ADDIT. FEE				

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.